

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

George Rouco for Congress

ADDRESS (number and street) ▼

PO Box 99146



Check if different than previously reported. (ACC)

Raleigh

NC

27624

2. FEC IDENTIFICATION NUMBER ▼

C C00583369

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

NC

13

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the State of

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y

01 / 01 / 2016

through

M M / D D / Y Y Y Y

03 / 31 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Collin McMichael

Signature of Treasurer

Collin McMichael

[Electronically Filed]

Date

M M / D D / Y Y Y Y

04 / 15 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

George Rouco for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	12250.00	64749.75
(b) Total Contribution Refunds (from Line 20(d))	1000.00	1000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	11250.00	63749.75
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	19882.78	56794.84
(b) Total Offsets to Operating Expenditures (from Line 14).....	3590.72	3590.72
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	16292.06	53204.12
8. Cash on Hand at Close of Reporting Period (from Line 27).....	13315.63	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	4000.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

PAGE 3 / 20

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

George Rouco for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	6

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

10450.00

54350.00

(ii) Unitemized.....

400.00

1900.00

(iii) TOTAL of contributions from individuals ▶

10850.00

56250.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

0.00

3000.00

(d) The Candidate.....

1400.00

5499.75

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

12250.00

64749.75

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

(a) Made or Guaranteed by the Candidate.....

0.00

4000.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

4000.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

3590.72

3590.72

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

15840.72

72340.47

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 20

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	19882.78	56794.84
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	1000.00	1000.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	1000.00	1000.00
21. OTHER DISBURSEMENTS	200.00	1230.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	21082.78	59024.84

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	18557.69
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	15840.72
25. SUBTOTAL (add Line 23 and Line 24).....	34398.41
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	21082.78
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	13315.63

: 97 `A=G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: F3N
Transaction ID :

Schedule B includes all required memo entries for reimbursements. All additional reimbursements do not meet the \$200.00 per vendor aggregate threshold.

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 6 OF 20

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

George Rouco for Congress

Full Name (Last, First, Middle Initial)

David Allman

Mailing Address 3973 Channel Point Lane

City

Denver

State

NC

Zip Code

28037

FEC ID number of contributing
federal political committee.

C

Name of Employer

IOMAX, Inc.

Occupation

Legislative Affairs

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		24		2016

Transaction ID : SA11AI.4361

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Blair Beason

Mailing Address 9521 Heydon Hall Circle

City

Charlotte

State

NC

Zip Code

28210

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		21		2016

Transaction ID : SA11AI.4352

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

William T Crowder Jr

Mailing Address 3032 Back Creek Church Road

City

Charlotte

State

NC

Zip Code

28213

FEC ID number of contributing
federal political committee.

C

Name of Employer

Crowder Construction

Occupation

COO

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2016

Transaction ID : SA11AI.4307

Amount of Each Receipt this Period

1000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

2500.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 20

☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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NAME OF COMMITTEE (In Full)

George Rouco for Congress

Full Name (Last, First, Middle Initial)

Joseph Fogg

Mailing Address 1932 Galleon Drive

City

Naples

State

FL

Zip Code

34102

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 02 / 2016

Transaction ID : SA11AI.4305

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C Boyden Gray

Mailing Address 1534 28th St, N.W.

City

Washington

State

DC

Zip Code

20007

FEC ID number of contributing
federal political committee.

C

Name of Employer

Boyden Gray And Associates

Occupation

Attorney

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

5400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 11 / 2016

Transaction ID : SA11AI.4297

Amount of Each Receipt this Period

2700.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Haynes Lea

Mailing Address 2816 Belvedere Avenue

City

Charlotte

State

NC

Zip Code

28205

FEC ID number of contributing
federal political committee.

C

Name of Employer

Robinson Bradshaw & Hinson, PA

Occupation

Attorney

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 03 / 2016

Transaction ID : SA11AI.4310

Amount of Each Receipt this Period

2000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5700.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 20
 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)
George Rouco for Congress

A. Full Name (Last, First, Middle Initial) Antonio Lopez-Ibanez Jr.			Date of Receipt M M / D D / Y Y Y Y 02 / 24 / 2016	
Mailing Address 8839 Heydon Hall Circle			Transaction ID : SA11AI.4354	
City	State	Zip Code	Amount of Each Receipt this Period _____ 2000.00	
Charlotte	NC	28210	<input type="checkbox"/> Memo Item	
FEC ID number of contributing federal political committee.		C _____		
Name of Employer Charlotte Trimming Co. Inc.		Occupation President/CEO		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date _____ 2000.00		

B. Full Name (Last, First, Middle Initial) George York			Date of Receipt M M / D D / Y Y Y Y 02 / 12 / 2016	
Mailing Address 1900 Craig Street			Transaction ID : SA11AI.4350	
City	State	Zip Code	Amount of Each Receipt this Period _____ 250.00	
Raleigh	NC	27608	<input type="checkbox"/> Memo Item	
FEC ID number of contributing federal political committee.		C _____		
Name of Employer York Properties		Occupation Real Estate		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date _____ 250.00		

C. Full Name (Last, First, Middle Initial)			Date of Receipt M M / D D / Y Y Y Y	
Mailing Address				
City	State	Zip Code		
FEC ID number of contributing federal political committee.		C _____	Amount of Each Receipt this Period _____	
Name of Employer		Occupation	<input type="checkbox"/> Memo Item	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date _____		

SUBTOTAL of Receipts This Page (optional).....	_____ 2250.00
TOTAL This Period (last page this line number only).....	_____ 10450.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 OF 20

☐ 11a ☐ 11b ☐ 11c ☒ 11d ☐ 15
12 13a 13b 14

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NAME OF COMMITTEE (In Full)

George Rouco for Congress

Full Name (Last, First, Middle Initial)

George Rouco

Mailing Address PO Box 99146

City

Raleigh

State

NC

Zip Code

27624

FEC ID number of contributing
federal political committee.

C H6NC09176

Name of Employer

Rouco Law

Occupation

Attorney

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

9499.75

Date of Receipt

01 / **12** / **2016**

Transaction ID : SA11D.4385

Amount of Each Receipt this Period

1400.00

☐ Memo Item

In-kind - Field Supervisor

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

/ /

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

/ /

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1400.00

1400.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14	<input type="checkbox"/> 15
------------------------------------	-------------------------------------	-------------------------------------	---	-----------------------------

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NAME OF COMMITTEE (In Full)

George Rouco for Congress

Full Name (Last, First, Middle Initial)

NC State Board of Elections

A.

Mailing Address PO Box 27255

City

Raleigh

State

NC

Zip Code

27611

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify)

General

Election Cycle-to-Date

1740.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03	/	22	/	2016

Transaction ID : SA14.4360

Amount of Each Receipt this Period

1740.00

☐ Memo Item
 Vendor Refund

Full Name (Last, First, Middle Initial)

United Airlines

B.

Mailing Address PO Box 06649

City

Chicago

State

IL

Zip Code

60606

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify)

General

Election Cycle-to-Date

1850.72

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	21	/	2016

Transaction ID : SA14.4364

Amount of Each Receipt this Period

1850.72

☐ Memo Item
 Vendor Refund

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify)

General

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y
	/		/	

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3590.72

3590.72

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 20

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

George Rouco for Congress

Full Name (Last, First, Middle Initial)

A. Anedot

Mailing Address 5555 Hilton Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		14		2016

City	State	Zip Code
Baton Rouge	LA	70808

Amount of Each Disbursement this Period

4.20

Purpose of Disbursement
Merchant FeesCategory/
Type☐ Memo Item

Transaction ID : SB17.4314

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

B. Anedot

Mailing Address 5555 Hilton Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		28		2016

City	State	Zip Code
Baton Rouge	LA	70808

Amount of Each Disbursement this Period

4.20

Purpose of Disbursement
Merchant FeesCategory/
Type☐ Memo Item

Transaction ID : SB17.4315

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

C. Anedot

Mailing Address 5555 Hilton Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		05		2016

City	State	Zip Code
Baton Rouge	LA	70808

Amount of Each Disbursement this Period

39.30

Purpose of Disbursement
Merchant FeesCategory/
Type☐ Memo Item

Transaction ID : SB17.4344

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

47.70

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 OF 20

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

George Rouco for Congress

Full Name (Last, First, Middle Initial)

A. Anedot

Mailing Address 5555 Hilton Ave

Date of Disbursement

M M / D D / Y Y Y Y
02 / 05 / 2016

City State Zip Code
Baton Rouge LA 70808

Amount of Each Disbursement this Period

82.50

Purpose of Disbursement
Merchant Fees

Category/
Type

☐ Memo Item

Transaction ID : SB17.4345

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

B. Anedot

Mailing Address 5555 Hilton Ave

Date of Disbursement

M M / D D / Y Y Y Y
02 / 18 / 2016

City State Zip Code
Baton Rouge LA 70808

Amount of Each Disbursement this Period

10.05

Purpose of Disbursement
Merchant Fees

Category/
Type

☐ Memo Item

Transaction ID : SB17.4365

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

C. Anedot

Mailing Address 5555 Hilton Ave

Date of Disbursement

M M / D D / Y Y Y Y
02 / 24 / 2016

City State Zip Code
Baton Rouge LA 70808

Amount of Each Disbursement this Period

39.30

Purpose of Disbursement
Merchant Fees

Category/
Type

☐ Memo Item

Transaction ID : SB17.4366

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

131.85

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 20

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

George Rouco for Congress

Full Name (Last, First, Middle Initial)

A. Anedot

Mailing Address 5555 Hilton Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		09		2016

City	State	Zip Code
Baton Rouge	LA	70808

Amount of Each Disbursement this Period

2.25

Purpose of Disbursement
Merchant FeesCategory/
Type☐ Memo Item

Transaction ID : SB17.4367

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

B. Anedot

Mailing Address 5555 Hilton Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		15		2016

City	State	Zip Code
Baton Rouge	LA	70808

Amount of Each Disbursement this Period

2.25

Purpose of Disbursement
Merchant FeesCategory/
Type☐ Memo Item

Transaction ID : SB17.4368

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

C. Anedot

Mailing Address 5555 Hilton Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		28		2016

City	State	Zip Code
Baton Rouge	LA	70808

Amount of Each Disbursement this Period

19.80

Purpose of Disbursement
Merchant FeesCategory/
Type☐ Memo Item

Transaction ID : SB17.4369

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

24.30

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 20

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

George Rouco for Congress

Full Name (Last, First, Middle Initial)

A. Dianna Bingle

Mailing Address 5503 River Falls Dr

City	State	Zip Code
Charlotte	NC	28215

Purpose of Disbursement
Field Representative, Entrance Fees, Mileage

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		27		2016

Amount of Each Disbursement this Period

2721.30

☐ Memo Item

Transaction ID : SB17.4318

B. Dianna Bingle

Mailing Address 5503 River Falls Dr

City	State	Zip Code
Charlotte	NC	28215

Purpose of Disbursement
Field Supervisor

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		08		2016

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Transaction ID : SB17.4346

C. Michael Odell Haire

Mailing Address 562 West Laurence Avenue

City	State	Zip Code
Mooresville	NC	28115

Purpose of Disbursement
Graphic Design Services

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		09		2016

Amount of Each Disbursement this Period

1198.00

☐ Memo Item

Transaction ID : SB17.4347

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4919.30

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 20

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

George Rouco for Congress

Full Name (Last, First, Middle Initial)

A. Michael Odell Haire

Mailing Address 562 West Laurence Avenue

City	State	Zip Code
Mooresville	NC	28115

Purpose of Disbursement
Graphic Design Services, Printing Services

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
03 / 11 / 2016

Amount of Each Disbursement this Period

1188.10

☐ Memo Item

Transaction ID : SB17.4381

B. i360, LLC

Mailing Address PO Box 37046

City	State	Zip Code
Baltimore	MD	21297

Purpose of Disbursement
Software

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
02 / 01 / 2016

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Transaction ID : SB17.4336

C. i360, LLC

Mailing Address PO Box 37046

City	State	Zip Code
Baltimore	MD	21297

Purpose of Disbursement
Software

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
03 / 07 / 2016

Amount of Each Disbursement this Period

500.21

☐ Memo Item

Transaction ID : SB17.4379

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2188.31

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 OF 20

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

George Rouco for Congress

Full Name (Last, First, Middle Initial)

A. Howard Kosofsky

Mailing Address 181 North Main St

City	State	Zip Code
Mooresville	NC	28155

Purpose of Disbursement
Field Representative

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		24		2016

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

Transaction ID : SB17.4377

B. Thomas Hicks MidanekMailing Address 1212 4th Street SE
Apt 726

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
Management Consulting, Software

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		07		2016

Amount of Each Disbursement this Period

2558.00

☐ Memo Item

Transaction ID : SB17.4311

c. Thomas Hicks MidanekMailing Address 1212 4th Street SE
Apt 726

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
Fundraising Consulting

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		01		2016

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Transaction ID : SB17.4337

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

6558.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 OF 20

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

George Rouco for Congress

Full Name (Last, First, Middle Initial)

A. Thomas Hicks MidanekMailing Address 1212 4th Street SE
Apt 726

City Washington State DC Zip Code 20003

Purpose of Disbursement
Software, Online Advertising

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
02	03	2016

Amount of Each Disbursement this Period

940.60

☐ Memo Item

Transaction ID : SB17.4338

B. Facebook

Mailing Address 1 Hacker Way

City Menlo Park State CA Zip Code 94205

Purpose of Disbursement
Online Advertising

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
02	03	2016

Amount of Each Disbursement this Period

800.67

☒ Memo Item

Transaction ID : SB17.4338.0

c. NC State Board of Elections

Mailing Address PO Box 27255

City Raleigh State NC Zip Code 27611

Purpose of Disbursement
Filing Fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
03	22	2016

Amount of Each Disbursement this Period

1740.00

☐ Memo Item

Transaction ID : SB17.4382

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2680.60

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**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 18 OF 20

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

George Rouco for Congress

Full Name (Last, First, Middle Initial)

A. George Rouco

Mailing Address PO Box 99146

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		12		2016

City	State	Zip Code
Raleigh	NC	27624

Amount of Each Disbursement this Period

1400.00

Purpose of Disbursement
In-kind - Field SupervisorCategory/
Type☐ Memo Item

Transaction ID : SB17.4386

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: NC	District: 13

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial)

B. United Airlines

Mailing Address PO Box 06649

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		19		2016

City	State	Zip Code
Chicago	IL	60606

Amount of Each Disbursement this Period

1850.72

Purpose of Disbursement
AirfareCategory/
Type☐ Memo Item

Transaction ID : SB17.4316

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial)

C.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

City	State	Zip Code
------	-------	----------

Amount of Each Disbursement this Period

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Purpose of Disbursement

Category/
Type☐ Memo Item

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3250.72

19800.78

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 19 OF 20

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

George Rouco for Congress

Full Name (Last, First, Middle Initial)

A. Linda Jones

Mailing Address 9425 Hampton Oaks Lane

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		10		2016

City	State	Zip Code
Charlotte	NC	28270

Amount of Each Disbursement this Period

Purpose of Disbursement
Contribution Refund

1000.00

Candidate Name

Category/
Type☐ Memo Item**Transaction ID : SB20A.4349**

Office Sought:	House	Disbursement For:
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial)

B.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City	State	Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

--

Candidate Name

Category/
Type☐ Memo Item

Office Sought:	House	Disbursement For:
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial)

C.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City	State	Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

--

Candidate Name

Category/
Type☐ Memo Item

Office Sought:	House	Disbursement For:
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1000.00

1000.00

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 20 OF 20

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4211

George Rouco for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

George Rouco

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
PO Box 99146

City

State

ZIP Code

Raleigh

NC

27624

Original Amount of Loan

4000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

4000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
09 / 30 / 2015

Date Due

M M / D D / Y Y Y Y
ON DEMAND

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

4000.00

TOTALS This Period (last page in this line only)..... ►

4000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.